

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☒ NEW POSITION ☐ EXISTING POSITION

Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name KS Department of Children and Families		9. Position No.	10. Budget Program Number		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position)			
3. Division EES		12. Proposed Class Title Program Consultant I			
4. Section Strengthening Families Unit	For Use By Personnel Office	13. Allocation		Position Number	
5. Unit Child Care Provider Enrollment		14. Effective Date			
6. Location (address where employee works)		15. By	Approved		
7. (circle appropriate time) Full time x Perm. X Inter. Part time Temp. %		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time) FROM: 8 AM To: 5 PM	17. Audit Date: By: Date: By:				

PART II – To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name

Title

Position Number

Kristen Zluticky

Public Service Executive I

K0226482

Who evaluates the work of an incumbent in this position?

Name

Title

Position Number

Kristen Zluticky

Public Service Executive I

K0226482

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Work is performed independently exercising ration and reasonable judgment of established policies and procedures. Instructions are provided verbally and/or through unit meetings, individual conferences, and via administrative channels (memos, emails, etc.)

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	This position provides Quality Assurance for the Child Care Program by identifying and processing Child Care Overpayments; Health and Safety checks lists for Relative and In-home providers, and attendance record auditing. This position will work closely with Child Care Provider Enrollment staff, the Fraud Division, Central Office Program Managers and Regional EES Management.
	E 50%	<p><u>Program Management:</u></p> <ul style="list-style-type: none"> • Maintains a statewide mechanism for the region to monitor Child Care (client and provider) Overpayment Activities, Program Controls, Fraud Prevention and Referrals • Makes home visits to providers as needed • Initiate corrective action plans and monitors for compliance • Determines overpayments • Makes fraud referrals, attends hearings as required • Conducts Administrative Fraud Disqualification Hearings • Documents case action • Notify consumer/providers of case action • Identifies areas needing improvement and proposes corrective action for implementation. • Instate travel as needed
	E 20%	<p><u>Intra-Agency Program Coordination and Consultation</u></p> <ul style="list-style-type: none"> • Coordinates Child Overpayment Activities with regional Provider Enrollment Staff, EES and legal. • Advises supervisor of emerging issues affecting the program. Identifies or develops courses of action and recommends solutions as appropriate. • Collaborates with Regional Program Administrators, Regional Provider Enrollment Staff and EES.
	E 15%	<p><u>Program Outreach and Community Collaboration</u></p> <ul style="list-style-type: none"> • Maintain a positive working relationship and communicate as needed with KDHE surveyors in relation to regulatory issues on DCF providers. • Respond to community inquiries, requests or concerns related to the child care provider enrollment process. Assess, provide information and/or make indicated referral to supervisor, community resources or others to assist with resolution of a problem/concern. • Present information on the DCF Child Care Provider Enrollment process to other divisions and community partners as requested.
	E 10%	<p><u>Oversight</u></p> <p>Oversees program and policy implementation in the region to maintain uniform implementation to prevent errors and inefficiencies. Consults with Regional CC Provider Enrollment, Legal and EES staff.</p>
	E 5%	<p><u>Training</u></p> <p>Attends trainings and meetings as necessary.</p>

-
22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

-
23. Which statement best describes the results of error in action or decision of this employee?

- () Minimal property damage, minor injury, minor disruption of the flow of work.
- () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- (x) Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Consequences of not performing the essential functions of this position are significant. Undetected efficiencies could cause problems with the overall functioning of the projects and programs involved, and result in potential of or misuse of funds going undetected and children remaining in potentially unsafe child care environments.

-
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Daily contact with contractors, consumers and agency staff will be required. Periodic contact with various community agencies and other agency staff. Public speaking may be required.

-
25. What hazards, risks or discomforts exist on the job or in the work environment?

Minimal. Will require basic office work, sitting for long periods of time, work at computer station.

-
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Personal computer and related software, fax machine, scanner, telephone and printer will be utilized daily.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

See classification Specifications

Education or Training - special or professional

Knowledge of Child Care program policies and procedures is preferred.

Licenses, certificates and registrations

Special knowledge, skills and abilities

Experience - length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date